


Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	 For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address			
State Capitol, Sacramento, CA 95814			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(916) 445-0873	daniel.maguire@gov.ca.gov		
Agency Contact (name and title)			
Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

<input type="checkbox"/> Individual	_____	<input checked="" type="checkbox"/> Other	California State Protocol Foundation
	Last Name	First Name	Name
	1215 K Street, Suite 1400	Sacramento	CA 95814
	Address	City	State Zip Code

The CSPF is a 501(c)(3) organization that promotes California and provides support on diplomatic and consular matters.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Alibaba (donation rec'd 6/8/10)	\$ 550,000		\$
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 9/2/10 \$ 162,548
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel China, Japan, Korea

See Exh. A	\$ See Exh. A	\$ -	\$ -	\$ -	\$ See Exh. A
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

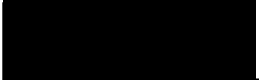
The CSPF paid for travel expenses incurred in connection with a trade mission to Asia, as detailed on Exhibit A.

Identify the officials for whom the payment was used:

See Exh. A	See Exh. A	See Exh. A	Governor's Office
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Susan Kennedy	Chief of Staff	10/01/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Exhibit A

Date Traveled:	Date Paid:	First Name:	Last Name:	Title	Air Travel
09/09-09/14/10	09/02/10	Matt	David	Dep. Chief of Staff -- Comms.	\$71,316
09/09-09/14/10	09/02/10	Will	Fox	Dep. Chief of Staff - Operations	\$4,979
09/09-09/14/10	09/02/10	Peter	Grigsby	Photographer	\$4,979
09/09-09/14/10	09/02/10	Daniel	Ketchell	Asst. to Gov.	\$71,316
09/09-09/14/10	09/02/10	Lyndsay	McDougal	Dir. of Advance	\$4,979
09/09-09/14/10	09/02/10	Aaron	McLear	Press Secretary	\$4,979
					\$162,548